			BE	:51 AV	AIL	ADLE	UU F I			עש_				
Application or												n or Docket Number		
												1387		
967501														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	ENTITY	OR		R THAN ENTITY	
FOR				MBER FILED NUM			EXTRA	RATE	FEE	7	RATE	FEE		
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			minus 20=			• ~			X \$ 9=		OR	14040		
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MULTIPLE DEPENDENT CLAIM PRESENT										╁	OR		680	
t if the difference is solume 1 is loss than zero, enter "O" in column 2											L			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) TOTAL OR TOTAL													1000	
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	(Column 1) 6 10-4 (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE		
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		(Col··	ma 1\	16-18-0	4100	hima 21	(Column 3)	*	DOIT. FEE		jun ;	ADDIT. FEE		
<u>۔</u>		a	UMS		H	GHEST UMBER		٦		ADDI-			ADDI-	
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۲ _	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PENDE	NT CLAIM		╽┟			OR			
•	If the entry in colu	ma 1 is fa	to than th	a antru în cok-	ann o ⊶	ega 10° in noi	ıma 3	L	+130= _		OR	+260=		
•	if the "Highest Nui "If the "Highest Nui "If the "Highest Nui	mber Prev	Housiv Pa	id For IN THI	S SPAC	E is less than	20, enter "20.		TOTAL DOT. FEE		OR ,	TOTAL VOOIT FEE		
	The "Highest Nur The "Highest Nurt	miller Presi	nucly Pi	SEAC (Tabel or	o oraz Lindana	oc is ress till indenti is the	i v, waa v. hichest numbs	er fow	nd in the en	orooriate hov	in oot	emn 1 .		